Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I					-			SMALL ENTITY		OTHER THAN		
			(Column	(Column 1)		(Column 2)		TYPE		OR SMALL ENTITY		
TO	OTAL CLAIMS	J	<u> </u>				RATE	FEE	7	RATE	FEE	
FC	OR		NUMBER	NUMBER FILED		BER EXTRA	BASIC FI	EE 385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGE	ABLE CLAIMS	\ mir	minus 20=		*			OR	X\$18=		
-	DEPENDENT CI		1 \	minus 3 =		*			OR	X86=		
ΜL	JLTIPLE DEPEN	NDENT CLAIM PI	RESÈNT	RESENT			+145=		OR	+290=		
* If	the difference	e in column 1 is	less than ze	ero, enter	r "0" in c	olumn 2	TOTAL		OR	TOTAL	VV	
CLAIMS AS AMENDED - PART II									-	OTHER	THAN	
		(Column 1)		(Colun		(Column 3)	L ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	IBER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF MU	Minus	***		=	X43=		OR	X86=		
<u></u>	FIRST FRESE	INTATION OF IVIC	JLI IPLE DLI	'ENDEN!	CLATIVI		+145=		OR	+290=		
1							TOTA		┨┈╵	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT. FEI	=		ADDII. FEE	(-	
В	·	CLAIMS		HIGH	IEST		[ADDI;	1 /		ADDI-	
ENT		REMAINING AFTER AMENDMENT		PREVIO PAID F	OUSLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X43=		OR	X86=		
	FIRST PRESE	ENTATION OF MU	LIPLE DEF	ENDEN	CLAnvi		+145=		OR	+290=		
					•		TOTAL	_	┨ _{╱╴} ┡	TOTAL		
			•		- 2	-,	ADDIT. FEE	:	10	ADDIT. FEE	<u></u>	
		(Column 1) CLAIMS	7	(Colum		(Column 3)			• [-		
ENT C		REMAINING AFTER AMENDMENT	·	NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	**		=	X\$ 9=		OR	X\$18=		
AME.	Independent	l	Minus	***		=	X43=	1	1 . I	X86=		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 	OR			
* If the entry in column 1 is less than the entry in column 2 write "0" in column 2									OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE		
1	If the Highest Nur	mber Previously Pa	IID FOL IN THIS	3 SPACE IS	less than	1 3, enter "3."		ppropriat box			l	